

**FUTURE TEACHERS
CONDITIONAL SCHOLARSHIP
AND LOAN REPAYMENT PROGRAM**

APPLICATION FOR 2006-2007 SCHOOL YEAR

The 2006-2007 Future Teachers program is open **ONLY** to individuals seeking certification or endorsement in secondary math, secondary science, special education, or bilingual education.

Instructions:

1. Read questions carefully and complete all questions. **Incomplete applications will be returned.**
2. Application must be completed in ink (or typed). Do not put your application in a folder.
3. You can attach extra sheets. (Put your name and last four digits of your SSN on additional sheets.)
4. **You must sign the agreement on page 4.**
5. We suggest you keep a copy of your completed application.
6. **Put ALL materials in one envelope:** completed application, transcripts, recommendation form (at least one, no more than three), and bilingual verification form(s), if applicable (see question 14).
7. **Postmark dates are NOT accepted. Faxed applications are NOT accepted.**
8. **All applications must be RECEIVED by 4:30 p.m. on Friday, October 6, 2006.**
9. **Mail or deliver your application materials to:** Future Teachers Program, Higher Education Coordinating Board, 917 Lakeridge Way SW, P.O. Box 43430, Olympia, WA 98504-3430. (Directions to the HECB are at www.hecb.wa.gov – click “Contact Us” on the left side of the screen.)
10. If you have questions, contact Mary Knutson toll-free at 1-888-535-0747 (option 2) to leave a message, directly at 360-753-7845, or via e-mail at maryk@hecb.wa.gov.

PERSONAL INFORMATION

1. Name: _____ 2. Social Security #: _____ / _____ / _____
(Last) (First) (M.I.)
3. Mailing Address: _____
(Street) (City) (State) (Zip)
4. Phone: (____) _____ 5. E-mail Address: _____
6. Have you resided in Washington for the 12 months prior to the date of this application, with the intention of maintaining a permanent residence in Washington? ☐ Yes ☐ No
7. Are (or were) you a K-12 public school classified employee in the 2005-2006 school year?
☐ Yes – complete # 8 - 11 ☐ No – skip to # 12
8. Your classified public school position (2005-2006): _____
9. Name of public school employed at (2005-2006): _____
10. I have been employed in this position from: _____ (Month/Year) to: _____ (Month/Year)
11. My 2005-2006 supervisor was: _____ (____) _____
(Name) (Title) (Phone Number)

12. **Starting with the most recent**, list schools you have attended, to a maximum of four.

College/University and/or High School	City/State	Dates Attended	Degree, if any	Cumulative GPA	# Credits Completed

13. **TRANSCRIPTS:** If you have completed at least 45 quarter or 30 semester credits of college coursework, you **must** submit a copy of your college transcript(s). If no college enrollment or less than a year's college coursework has been completed, submit high school transcript(s). Submit transcripts for your **most recent** five (5) academic years only. **You can submit official or unofficial transcripts, Web copies, or photocopies.** Your **GPA must be included** on the transcripts you submit. This information will be used during the selection process to determine superior scholastic achievement.
14. Are you bilingual (the ability to converse and explain concepts fluently **in English AND** in a language other than English, **both** verbally and in writing)? ☐ Yes ☐ No Language(s): _____

If you speak **Spanish, Russian, Ukrainian, Vietnamese, Korean, or Somali** and want to receive priority points for bilingual ability, you **must** include a completed Bilingual Verification Form (page 7).

If you are bilingual in a **different language** than these six, you must include **BOTH** a completed Bilingual Verification Form (page 7) **and** a completed School District Verification of Bilingual Need Form (page 8) to receive priority points for your bilingual ability. (Different individuals can complete these two forms.)

You CANNOT receive bilingual priority UNLESS you include the required form(s).

Restriction: If you receive bilingual priority points, you **must** teach in a position that utilizes your bilingual ability **in the classroom** in order to earn loan forgiveness and/or loan repayment benefits. If you receive bilingual priority and **DO NOT** teach in a bilingual capacity, **you must repay any program monies received.**

If you are eligible, do you want to receive priority points based on your bilingual ability, indicating you are planning to use your bilingual skills in the classroom? ☐ Yes ☐ No

EDUCATIONAL PLAN

15. I have completed an Associate degree **in Education** at a Washington community college:
☐ Yes ☐ No School: _____ Month ____ Year ____
16. I have a Washington **residency** teaching certificate: ☐ Yes ☐ No Date of issue: _____
17. I am pursuing a/an: ☐ **Residency** teaching certificate with endorsement(s) in _____
☐ Additional endorsement(s) in _____

The 2006 – 2007 program is open ONLY to individuals going into secondary math, secondary science, special education, or bilingual education. You MUST teach one of these subjects in a Washington K-12 public school in order to receive loan forgiveness and/or loan repayment benefits. If you DO NOT teach one of these subjects, you must repay any program monies received.

18. After obtaining my residency certificate or endorsement, I plan to teach in a **Washington K-12 public school**:
☐ Secondary Math (Grade 7-12) ☐ Secondary Science (Grade 7-12) ☐ Special Education ☐ Bilingual Education
 NOTE: For our purposes, "bilingual education" means teaching subjects other than English in more than one language.
19. Your class level in 2006-2007: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior
☐ 5th Year ☐ Graduate Student ☐ Will start college in 2007-2008

20. Outline your educational plan from the 2006-07 school year **until you finish** your certificate or endorsement program. **You MUST include the NUMBER of credits** you plan to take every quarter or semester of every school year until you finish your program. (Follow the example. This person will finish after Winter quarter 2008.)

School Year	College or University	Fall (Qtr./Sem. credits)	Winter (Qtr. credits)	Spring (Qtr./Sem. credits)	Summer (Qtr./Sem. credits)	Specify Certificate or Endorsement You Will Receive
2006-07	UVW University	10	--	10	8	Bachelor's Degree
2007-08	XYZ University	8	8	--	--	Special Education Endorsement

NOTE: If you maintain at least half-time enrollment with no more than one term off each school year, you can receive program benefits every year until you complete your certificate or endorsement without reapplying. Be as complete as possible in your educational plan. **You might not receive program benefits for credits that are not included in this plan.**

CONTRIBUTIONS AND COMMITMENT TO EDUCATION

21. **Your contributions to education and schools.** If you have worked as a school employee or volunteered in schools, list the name of the district(s) in which you worked, the dates you worked there, full-time or part-time, employee or volunteer, and the nature of the work. (Follow the example. You can attach additional sheets if desired.)

School District	School Year(s) Worked	Full-Time / Part-Time	Employee / Volunteer	Type of Work
UVW District	1999 - 2001	Full-time	Employee	Paraeducator – special education
XYZ District	2002 - 2003	Part-time	Volunteer	Reading tutor

22. **Commitment to serve as a Washington K-12 public school teacher.** Describe why you want to become, or continue to be, a certificated K-12 teacher in Washington public schools. Include your teaching goals and the strengths you bring to the teaching profession. (You can attach additional sheets if desired.)

23. **Diversity experience and serving as a role model.** Describe your experience with people whose culture, race, religion, sexual orientation, economic status, and/or ableness differ from your own. Describe how you will serve as a role model to students. (You can attach additional sheets if desired.)

24. **Current educational indebtedness.** List the (approximate) loan balance on any **federal** education loans (such as Stafford Loans or Direct Loans) you owe for **previous** school years.

School Attended (when loan received)	School Year	Loan Balance

NOTE: In general, a program participant with no outstanding federal loans will receive program benefits in the form of a conditional scholarship, which is received while the student is enrolled. A program participant with outstanding federal loans will generally receive program benefits in the form of loan repayments, which are received after the student leaves school and performs the required teaching service. The benefit amount is exactly the same, whether received as loan repayments or as a conditional scholarship. The benefit amount is NOT based on your loan balance; program benefits are based on the institution you attend and the number of credits you take. **This award will NOT necessarily pay off your outstanding loan balance.**

RELEASE OF INFORMATION: The Higher Education Coordinating Board (HECB) may release your name and the name of the college or university you attend to interested parties such as news media, school districts, governmental agencies, and legislative personnel for the purpose of recognizing the accomplishments of program participants. Please check here **ONLY** if you do not wish this information to be released.

No, _____ I do NOT authorize the HECB to release my information for the purpose of recognition.

***** YOU MUST SIGN THIS AGREEMENT *****

AGREEMENT: I certify that the information contained in this application is true and correct to the best of my knowledge. I acknowledge that information contained in this application may be made available to accredited colleges and universities in the state of Washington for the purpose of verifying my eligibility or enrollment.

Signature of Applicant

Date

Submit ALL items (at the same time) in ONE envelope to the address below:

- ☐ Completed and signed application (pages 1-4).
- ☐ School transcripts (original or copies). [see # 13]
- ☐ Recommendation Form (pages 5-6), at least one and no more than three.
- ☐ If applicable, Bilingual Verification Form (page 7). [see # 14]
- ☐ If applicable, District Verification of Bilingual Need (page 8). [see # 14]

Postmarks are NOT accepted; applications must be received by the deadline.
Faxed applications are NOT accepted; original applications must be mailed or delivered.

Incomplete applications will be returned.

Mail or deliver completed application materials to:

Future Teachers Program
Higher Education Coordinating Board
917 Lakeridge Way SW, P.O. Box 43430
Olympia, WA 98504-3430

Application Deadline is 4:30 P.M. on Friday, October 6, 2006

(We will notify all applicants by mail by November 30, 2006)



Future Teachers Conditional Scholarship and Loan Repayment Program

RECOMMENDATION FORM (Submit at least one and no more than three)

You may use this form or your own form as long as all requested information is provided.

Applicant's Name: _____
(Last) (First) (M.I.)

To the applicant: Your recommender should be able to speak to your current abilities and your potential as a future or continuing certificated Washington public school K-12 teacher. We suggest you have this form completed by a school principal, superintendent, or other teacher.

To the recommender: Conditional scholarships and loan repayment benefits are awarded on a competitive basis. The applicant is applying for an award to help him/her complete the educational requirements to become a Washington certificated teacher or obtain additional teaching endorsements. In exchange for funding, recipients are obligated to specific amounts of teaching service.

Selection will be made on the basis of each applicant's academic ability, length and quality of contributions to the public school system, potential to serve as a positive role model for students, and commitment to serve as a teacher in the state of Washington. Your thoughtful appraisal of the applicant's abilities and potential as a future or continuing teacher will provide valuable information to the selection committee. Please include any additional comments on the reverse side of this sheet or on a separate sheet. We appreciate your assistance.

How long have you known the applicant and in what capacity? _____

Please comment on your perceptions of the applicant as a future or continuing teacher. Candid and objective comments will help make the applicant better known to the selection committee.

Academic Ability: (Current ability as well as academic promise.)

Communication Skills: (Ability to express ideas clearly and effectively.)

Enthusiasm: (Ability to present optimism and zeal for what one is doing.)

Commitment to Accomplishment: (Ability to exert and organize efforts to produce results.)

Role Model: (Ability to provide an appropriate role model for students in grades K-12.)

Judgment: (Ability to reach sound decisions, use good common sense, and be fair.)

Sensitivity to Diversity: (Ability to be aware of and sensitive to persons with disabilities as well as cultural, ethnic, religious, socio-economic, sexual orientation, and gender differences.)

Additional Comments:

Overall rating of this applicant (check one): ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

Please print:

Your Name _____ Phone Number (_____)_____

(First) (Last)

Position Title _____ Name of School _____

Signature _____ Date _____

My recommendation: ☐ May be shared with the applicant, if requested. ☐ May not be shared with the applicant.

Please return your recommendation form directly to the applicant in sufficient time to meet the receipt deadline of 4:30 P.M. on October 6, 2006. If you prefer, you may enclose your form in a sealed envelope before giving it to the applicant. Do not send this form to the HECB.



Future Teachers Conditional Scholarship and Loan Repayment Program

BILINGUAL VERIFICATION FORM

(This page **must** be completed to receive bilingual priority)

To the applicant: If you are seeking bilingual priority in SPANISH, RUSSIAN, UKRAINIAN, VIETNAMESE, KOREAN, or SOMALI, you only have to complete the Bilingual Verification Form on this page. If you are seeking bilingual priority in a different language, you must complete **BOTH** the Bilingual Verification Form on this page AND the School District Verification of Bilingual Need on page 8.

Applicant's Name: _____
(Last) (First) (M.I.)

To the applicant: Your bilingual verifier should speak to your current bilingual abilities and your potential to use this skill as a future or continuing certificated Washington public school K-12 teacher. We suggest you have this form completed by an employer, school official, or college language professor.

To the person verifying bilingual ability: Conditional scholarships and loan repayment benefits are awarded on a competitive basis. The applicant is applying for an award to help him/her complete the educational requirements to become a certificated teacher or obtain additional teaching endorsements. Bilingual applicants can receive additional selection priority. We appreciate your assistance in verifying this qualification.

In what capacity have you experienced the applicant's bilingual ability (the ability to converse and explain concepts fluently in a language in addition to English)? _____

In what language(s) is the applicant bilingual? _____

Please rate the applicant's ability:

In non-English spoken language:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
In non-English written language:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
In spoken English:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
In written English:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

Additional comments (if any): _____

If you were an employer, would you hire the applicant for a position that requires bilingual ability?

☐ Yes ☐ No

Please print:

Your Name: _____ Phone Number: (_____) _____
(First) (Last)

Position Title: _____ Name of School/Business: _____

Signature: _____ Date: _____

My verification: ☐ May be shared with the applicant, if requested. ☐ May not be shared with the applicant.

Please return your verification form directly to the applicant in sufficient time to meet the receipt deadline of 4:30 P.M. on October 6, 2006. If you prefer, you may enclose your form in a sealed envelope before giving it to the applicant. Do not send this form to the HECB.



Future Teachers Conditional Scholarship and Loan Repayment Program

SCHOOL DISTRICT VERIFICATION OF BILINGUAL NEED

To the applicant: To be completed **ONLY** by applicants seeking bilingual priority in a language **OTHER THAN** Spanish, Russian, Ukrainian, Vietnamese, Korean, or Somali. You **ALSO must** complete the Bilingual Verification form on page 7.

To be completed by the applicant:

Applicant's Name: _____
(Last) (First) (M.I.)

Applicant's Bilingual Language(s): _____

To the person verifying the bilingual need:

The applicant is applying for a conditional scholarship and loan repayment benefit through the state of Washington. Bilingual applicants are eligible for additional priority in the selection process. To receive this priority, applicants who are bilingual in a language **other than Spanish, Russian, Ukrainian, Vietnamese, Korean, and Somali** must provide verification of a current or future need for teachers who are bilingual in that non-English language. This form will assure the selection committee that the applicant has identified a district in which this bilingual skill **may** be needed.

By completing this form, you are *NOT* obligating your school or district to hire or consider the applicant for a future position. You are only identifying a current or future need for teachers who speak this language. If you have any questions about this form or our request, please contact Mary Knutson at the Higher Education Coordinating Board at (360) 753-7845.

We appreciate your assistance in verifying this need.

I verify that _____ School District has a need for bilingual teachers in the following language _____
for the following school year(s) _____.

Please print:

Your Name: _____ Phone Number: (_____)_____
(First) (Last)

Position Title: _____ Name of School District: _____

Signature: _____ Date: _____

Please return your verification form directly to the applicant in sufficient time to meet the receipt deadline of 4:30 P.M. on October 6, 2006. If you prefer, you may enclose your form in a sealed envelope before giving it to the applicant. Do not send this form to the HECB.